



Lompoc Unified School District

Payroll Services Department

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May 19, 2022

Dear LUSD Staff,

It is once again time for Lompoc Unified School District's Open Enrollment. Time for employees to sign up for or make changes to their health insurance and other voluntary benefits. With our 2022 open enrollment period, fast approaching; please mark your calendars, as open enrollment is scheduled from **June 20 – August 19, 2022**.

To assist with scheduling appointments during the open enrollment window (June 20 – August 19), American Fidelity Assurance Company (AFA) will be making phone calls starting the week of **June 1**. Appointments will be held in-person this year at the Education Center (district office).

Please check your May paystub to verify your coverages. The AFA system will have your current benefit elections on hand as well and they will assist you with the step-by-step process of enrolling in each plan, making sure you understand your elections and fielding questions you may have along the way. For your information, we have attached the 2022-2023 rate sheet for health insurance by classification.

IMPORTANT INFORMATION TO REMEMBER:

- ✚ **Flexible Spending Accounts DO NOT roll over**
- ✚ **You must meet with AFA representatives each year to reenroll in a new Flexible Spending Account or Dependent Care Account**
- ✚ **If you do not need to make any changes, you do not have to meet with an AFA representative**
- ✚ **No changes will be allowed to dental insurance as open enrollment for Delta Dental is once every five (5) years. The next dental open enrollment will be October 2025.**
- ✚ **Click here: www.americanfidelity.com/lUSD to set up your appointment online or Call 1-800-365-9180 Ext. "0"**

Health benefit changes become effective **October 1, 2022**

CLASSIFIED EMPLOYEES ONLY

CLASSIFIED EMPLOYEES ONLY															
Option 1				Option 2			Option 3			Option 4			Option 5		
SISC Anthem 100% PPO				SISC Anthem 90% PPO			SISC Anthem 80% PPO			SISC Anthem Base PPO			SISC Anthem Bronze PPO		
Calendar Year Deductible	\$100 Indv/\$300 Fam			\$100 Indv/\$300 Fam			\$200 Indv/\$500 Fam			\$2,000 Indv/\$4,000 Fam			\$5,000 Indv/\$10,000 Fam		
Emergency Room	\$100 Copay + 0%			\$100 Copay + 10%			\$100 Copay + 20%			\$100 Copay + 10%			\$100 Copay + 30%		
Annual Out of Pocket Max	\$1,000 Indv/\$3,000 Fam			\$1,000 Indv/\$3,000 Fam			\$1,000 Indv/\$3,000 Fam			\$4,000 Indv/\$8,000 Fam			\$6,350 Indv/\$12,700 Fam		
Office Visit	\$20 Copay / Fee Schedule			\$20 Copay			\$20 Copay			\$30 Copay			\$60 Copay (3 visits), Ded, 30%		
Urgent Care	\$20 Copay / Fee Schedule			\$20 Copay			\$20 Copay			\$30 Copay			\$60 Copay (3 visits), Ded, 30%		
Inpatient Hospital	0% / Fee Schedule			10% / Fee Schedule			20% / Fee Schedule			20% / Fee Schedule			30% / Fee Schedule		
Lab, X-Ray	0% / Fee Schedule			10% / Fee Schedule			20% / Fee Schedule			20% / Fee Schedule			30% / Fee Schedule		
Physical Therapy	0% / Fee Schedule			10% / Fee Schedule			20% / Fee Schedule			20% / Fee Schedule			30% / Fee Schedule		
Rx	\$9/\$35			\$9/\$35			\$9/\$35			\$10/\$35 + \$200 Brand Ded.			Medical Deductible, \$9/\$35		
RX Annual Out of Pocket Max	\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			Medical OOP Maximum		
10thly Rates	Total Rate	District	Employee Portion	Total Rate	District	Employee Portion	Total Rate	District	Employee Portion	Total Rate	District	Employee Portion	Total Rate	District	Employee Portion**
Employee Only	\$1,081.20	\$1,081.20	\$0.00	\$1,045.20	\$1,081.20	\$0.00	\$979.20	\$1,081.20	\$0.00	\$763.20	\$1,081.20	\$0.00	\$750.00		\$0.00
Employee + 1	\$2,118.00	\$1,081.20	\$1,036.80	\$2,047.20	\$1,081.20	\$966.00	\$1,916.40	\$1,081.20	\$835.20	\$1,490.40	\$1,081.20	\$409.20	\$1,498.80		\$1,498.80
Employee + 2 or more	\$2,980.80	\$1,081.20	\$1,899.60	\$2,880.00	\$1,081.20	\$1,798.80	\$2,692.80	\$1,081.20	\$1,611.60	\$2,091.60	\$1,081.20	\$1,010.40	\$2,136.00		\$2,136.00

Delta Dental PPO				VSP Vision		
	Total Rate	District	Employee Portion	Total Rate	District	Employee Portion
10thly Rates						
Employee Only	\$53.64	Please refer	\$53.64	\$19.13	\$19.13	\$0.00
Employee + 1	\$110.40	to footnote	\$110.40	\$19.13	\$19.13	\$0.00
Employee + 2 or more	\$151.80	below*	\$151.80	\$19.13	\$19.13	\$0.00

Option 6 HSA-A		
Total Rate	District	Employee Portion**
\$750.00	\$1,081.20	\$0.00
\$1,498.00	\$1,081.20	\$416.80
\$2,136.00	\$1,081.20	\$1,054.80

*If you have any remaining balance from your District contribution towards your medical plan, you can use the funds towards your dental premium.
 **Anthem Bronze Plan is only available for Employee only or Employee + Child(ren).

CLASSIFIED EMPLOYEES ONLY

CERTIFICATED, CONFIDENTIAL & MANAGEMENT EMPLOYEES

CERTIFICATED, CONFIDENTIAL, MANAGEMENT EMPLOYEES															
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Lab, X-Ray	0% / Fee Schedule			10% / Fee Schedule			20% / Fee Schedule			20% / Fee Schedule			30% / Fee Schedule		
Physical Therapy	0% / Fee Schedule			10% / Fee Schedule			20% / Fee Schedule			20% / Fee Schedule			30% / Fee Schedule		
Rx	\$9/\$35			\$9/\$35			\$9/\$35			\$10/\$35 + \$200 Brand Ded.			Medical Deductible, \$9/\$35		
RX Annual Out of Pocket Max	\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			\$2,500 Indv/\$3,500 Fam			Medical OOP Maximum		
10thly Rates	Total Rate	District Contribution	Employee Portion	Total Rate	District Contribution	Employee Portion	Total Rate	District Contribution	Employee Portion	Total Rate	District Contribution	Employee Portion	Total Rate	District Contribution	Employee Portion**
Employee Only	\$1,081.20	\$979.20	\$102.00	\$1,045.20	\$979.20	\$66.00	\$979.20	\$979.20	\$0.00	\$763.20	\$979.20	\$0.00	\$606.00	\$979.20	\$0.00
Employee + 1	\$2,118.00	\$1,039.60	\$1,078.40	\$2,047.20	\$1,039.60	\$1,007.60	\$1,916.40	\$1,039.60	\$876.80	\$1,490.40	\$1,039.60	\$450.80	\$1,200.00	\$0.00	\$1,200.00
Employee + 2 or more	\$2,980.80	\$1,355.20	\$1,625.60	\$2,880.00	\$1,355.20	\$1,524.80	\$2,692.80	\$1,355.20	\$1,337.60	\$2,091.60	\$1,355.20	\$736.40	\$1,200.00	\$0.00	\$1,200.00

	Delta Dental PPO			VSP Vision		
	Total Rate	District Contribution	Employee Portion	Total Rate	District Contribution	Employee Portion
10thly Rates						
Employee Only	\$53.64	Please refer	\$53.64	\$19.13	\$19.13	\$0.00
Employee + 1	\$110.40	to footnote	\$110.40	\$19.13	\$19.13	\$0.00
Employee + 2 or more	\$151.80	below*	\$151.80	\$19.13	\$19.13	\$0.00

Option 6 HSA-A		
Total Rate	District Contribution	Employee Portion**
\$750.00	\$979.20	\$0.00
\$1,498.80	\$1,039.60	\$459.20
\$2,136.00	\$1,355.20	\$780.80

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CERTIFICATED, CONFIDENTIAL & MANAGEMENT EMPLOYEES